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**SCULLY, SCOTT, MURPHY
& PRESSER, P.C.**

Fax

To: Examiner: Matthew J. Kasztejna **From:** Seth Weinfeld

Group Art Unit: 3739

Fax: 571-273-8300

Pages:

Phone:

Date: April 19, 2007

Re: USSN: 10/766,581
Filed: January 27, 2004
Inventor: Akio Uchiyama
Our Docket: 17406

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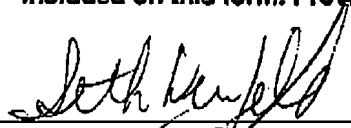
• **Comments:**

Attached for entry into the above application are:

- 1) Amendment Transmittal in duplicate
- 2) Amendment and Response Under 37 C.F.R. § 1.116
- 3) Certificate of Facsimile Transmission

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17406	
Applicant(s): Akio Uchiyama						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/766,581	January 27, 2004	Kasztejna, Matthew John	23389	3739	3837	
Invention: CAPSULE MEDICAL DEVICE						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	27 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	1 -	5 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 19-1013 SSMP in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: April 19, 2007			
Seth Weinfeld, Registration No. 50,929 Scully, Scott, Murphy & Presser, P.C.			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
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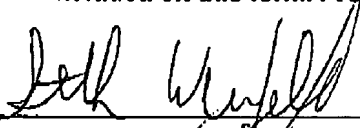
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No. 0112 P. 4/10

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17406									
Applicant(s): Akio Uchiyama														
Application No. 10/766,581	Filing Date January 27, 2004	Examiner Kasztejna, Matthew John	Customer No. 23389	Group Art Unit 3739	Confirmation No. 3837									
Invention: CAPSULE MEDICAL DEVICE														
COMMISSIONER FOR PATENTS:														
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CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	7	27	0	x \$50.00	\$0.00									
INDEP. CLAIMS	1	5	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 19-1013 SSMP in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: April 19, 2007											
Seth Weinfeld, Registration No. 50,929 Scully, Scott, Murphy & Presser, P.C.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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(Date)														
Signature of Person Mailing Correspondence														
Typed or Printed Name of Person Mailing Correspondence														
cc:														

PTO/SB/97 (08-06)

Approved for use through 03/31/2007 OMB 0651-0031

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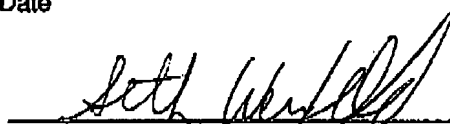
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Registration Number, if applicable

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RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3739

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Akio Uchiyama	Examiner:	Kasztejna, Matthew J.
Serial No:	10/766,581	Art Unit:	3739
Filed:	January 27, 2004	Docket:	17406
For:	CAPSULE MEDICAL DEVICE	Dated:	April 19, 2007

Confirmation No. 3837

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116

Sir:

In response to the Final Official Action dated February 21, 2007, Applicant respectfully requests reconsideration of the application in view of the following amendments and remarks.

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: April 19, 2007


Seth Weinfeld